

FAIRFAX PUBLIC LAW LIBRARY INFORMATION REQUEST FORM/INVOICE

FAX: (703) 591-0310

Name of Requestor _____

Billing Address _____

Phone # _____ Fax # _____ Ref. Code _____

Date of Request _____ Time _____ Deadline _____

Document Retrieval Request (provide specific citation/maximum 5 citations per request)

1) _____

2) _____

3) _____

4) _____

5) _____

Westlaw word search Request (specify EXACT wording for search...call 800-REF-ATTY to formulate)

_____ database to search: _____

Westlaw search fee for Keycite or specific case/law citation to retrieve document (specify exact citation)

SERVICE(S) Authorized:

_____ Document Retrieval Service (COST: \$15.00 for up to 5 citations and \$.50 per page copied)

_____ Print Fee (\$.25 per page except Westlaw \$.50 per page) (plus \$15 if billed)

_____ Westlaw word search (\$25 plus print/fax fees for search results) (plus \$15 if billed) (plus \$1per minute in excess of 15 minutes)

_____ Westlaw Keycite and cite retrieval (print/fax fees charged) (plus \$15 if billed) (plus \$1 per minute to review documents prior to printing)

DELIVERY: Please Circle One: Waiting / Pick-up / Fax / Courier / US Mail

_____ Pages Faxed at a cost of \$1.00 per page. Long Distance charge is \$1.50 per page.

AMOUNT DUE:

_____ Total Due to be paid within thirty days of the date of this request/invoice form

AGREEMENT:

I hereby authorize the staff of the Fairfax Law Library to process the above information request. I have been informed of the current fee schedule for these services and authorize the staff to invoice me accordingly on this form. I understand that I am directly responsible for payment of such charges. I understand further that if the balance is not paid in full within 30 days of the date of this Request/Invoice, future requests for library services will be denied to me. I understand that when my balance due exceeds seventy-five dollars, any request for library services must be prepaid. I waive all claims against the Fairfax Public Law Library, Fairfax Bar Association, and their agents and employees arising from this agreement. **Services will be provided on a first-come, first-serve basis, subject to availability of staff and equipment. No requests will be performed after 4:00 p.m. each day.**

Requestor: _____

Signature

Service performed by _____

Date _____

Invoice # _____

System Entry Date _____

Form Approved 11/01